

Congregation Kol Ami Building Use & ZOOM Request (10/23)

INFORMATION: EVENT NAME _____

Date(s) of Event _____ Hours of Event _____ Number of Attendees _____

Type of Activity _____ Sponsoring Organization _____

Please circle: this meeting will be (in person only) (hybrid) (zoom only)

ZOOM INFORMATION (if zoom only – complete this section & go to final signature)

Event Zoom Master Note: This would be person responsible for zooming this event. They would be notifying any zoom attendees of the link and would be responsible for the zoom cart etc.

Name _____ Phone _____ e-mail _____

Please circle: What zoom account will you be using? (Personal) (CKA) (JCF)

The zoom link will be set to allow individual log in with out needing a “host” and the meeting default will be set so that anyone could share their screen.

If using a CKA or JCF zoom account the appropriate office will set up the zoom invitation and email it to the Event Zoom master listed above.

It will be that person’s responsibility to email the link to any participates attending the event listed above.

Other zoom information needed:

BUILDING USE SECTION

Additional Pre or Post Time needed (IF ANY) _____

For what purpose? (Ex: food storage, cooking, prep work, clean up, etc.) _____

RESPONSIBLE PERSONS:

Person Responsible for Event _____ **Signature** _____

Phone _____ e-mail _____

This Person will be Responsible for Safety & Security in an Emergency as well as Locking and Securing the Building at the end of the Day. This would include being sure all doors and windows are closed and locked, all lights are turned off, as well as alarming the building.

Note, if a Clean-up crew will be left in the building, the information for that person and/or organization is also needed.

SPACE NEEDED FOR EVENT

What space Will Be Required: Circle all that apply

Sanctuary (L) (SM)

Classrooms, number__

Kosher Kitchen (M) (D)

Library

Snowiss Auditorium

Braunstein Social Hall

Lower Kitchen

Plaque Room

Sadinsky Room

Storage

Outside or Lawn

If ONLY for a meeting, with no use of a kitchen at all and no special set up, check here and proceed to “Other Comments”. **Remember that non-kosher food (including snacks, etc.) is never allowed in the Kosher Kitchen.**

Who Will Be Responsible for: (Circle one for each of the next three items)

- ✧ Setting Up tables and chairs for your event (SELF) (CKA STAFF)
- ✧ Taking down tables and chairs from your event (SELF) (CKA STAFF)
- ✧ Cleaning up from your event (SELF) (CKA STAFF)
- ✧ Making sure any food brought into or prepared in the upstairs kitchen is Kosher: _____
- ✧ Checking Dry pantry before purchasing for event: _____
- ✧ **Observing laws of Kashrut while cooking in or Using the Upstairs Kitchen:** _____

What Property Will Be Required (include numbers)

- Tables ____: Round Banquet Small Large Card
 Chairs # ____
 Zoom cart or other AV equipment please list: _____

For Kitchen use please indicate if meal will be (DIARY) or (MEAT) as you will need to use the appropriately marked items in the kitchen (dishes, cooking pots, utensils etc.)

- | | | |
|---------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Ovens/ Stove | <input type="checkbox"/> Freezer | <input type="checkbox"/> Large Mixer |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Coffee Machines | <input type="checkbox"/> CKA Tablecloths |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Small Mixers | <input type="checkbox"/> Other |

NOTE: Details on Set-up: Dishes, Glassware, Linens, Timing, etc. please list on the next page. Along with any diagram for table & chair set up or other explanations needed.

BASIC ONEG/BEVERAGE

Will you be needing gluten free? Non dairy creamer? Milk? Etc.? Please list all items requested:

OTHER COMMENTS:

Please be advised that filling out this form and requesting use of the facilities does **not** guarantee that the request will be granted. A building and facilities usage fee may be assessed. In the event of any last minute conflict or necessary change, contact the CKA Office or the Kitchen Coordinator.

Also, please remember that a Funeral will always take precedence.

Finally: The group or individual responsible for any event assumes responsibility for any damages.

Responsible Person's Signature: _____ **Date** _____

- Building Use Form on file
- Event on Master Calendar
- Confirmations sent to CKA and responsible person
- Zoom scheduled if appropriate

Please use this page for additional comments, or set up diagrams:

EVENT DETAILS INFORMATION:

Date(s) of Event _____ Hours of Event _____

Name of Event _____ Type of Activity _____

Please use this page for additional comments, or set up diagrams: